Docket No.: 105913

OSAKA

Family Name

OSAKA

Country

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

described and claimed in the specification:

Check one

*a.		attached hereto) .		
b.	×	filed on	as Application No	and amended on	(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 11-99562, filed April 7, 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 Typewritten Full Name of First or Sole Inventor

**Inventor's Signature:

**Date of Signature:

| 17 _ 2006 | Month | Day Year | Japan

State or Province

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Citizenship:

Japan

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City

C/O KOKUSAI ELECTRIC CO., LTD.

mailing address, including country)

14-20, 3-chome, Higashi-Nakano, Nakano-ku, TOKYO 164-8511, JAPAN

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

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P. £2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten Full Nan	ne				
	of Second Joint Inver	ntor (if any)		Hiroshi		SEKIYAMA
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3	**Date of Signature:			april -	18 _	2000_
				Month	Day	Year
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			City		State or Province	Country
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1	Typewritten Full Nan of Third Joint Invento			Kouichi		NOTO
	oj imia jomi invemo	or (ig any)		Given Name	Middle Initial	Family Name
2	**Inventor's Signature	::		Kaichi		Noto
3	**Date of Signature:		C	aril –	18 _	2000
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	Residence:				Duj	
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1	Typewritten Full Nam	ne				
	🥏 🧃 of Fourth Joint Inven	tor (if any)		Masaki		SUGAWARA
				Given Name	Middle Initial	Family Name
2	**Inventor's Signature	:		masaki		SUGAWARA
3	**Date of Signature:			Antil	17	2000 _
J	in Date of Signature.			Month		Year
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2	**Inventor's Signature	:				
_	***					
3	**Date of Signature:					
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	Residence:		City	<u></u>	Co	
			City		State or Province	Country
	Citizenship:					
Post Office Address: (Insert complete						
		mailing address,				
		including countr				

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.